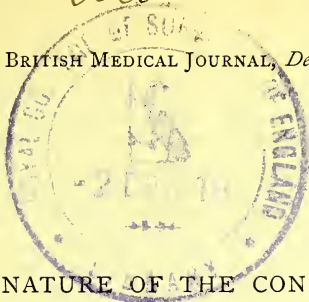


With the Author's Compliments

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10.

ON THE NATURE OF THE CONDITION KNOWN AS CATALEPSY.

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THERE is no doubt that catalepsy is one form of the manifold subjective phenomena which may be attendant upon an imperfectly nourished nervous system; but the vague notions which have floated in the minds of many regarding its absolute cause have induced me to seek for facts upon which some certain explanation or probable theory may be founded.

The difficulty in such an inquiry necessarily is the rarity of death under such a condition, whereby a reasonable or probable theory might be ratified by observation of the morbid anatomy of the brain and spinal cord in the subjects of this form of nervous disorder. I am inclined, however, to think that pathological observation would not assist us very materially; while we may draw some very certain conclusions from the comparison of the manifestation of this state with the expressions of allied nervous conditions.

Dr. Watson, in his ever recent *Lectures*, has placed catalepsy and hysteria in the same category with neuralgia and tic douloureux; which latter forms of nervous disorder Trousseau placed under the head of epilepsy, and with good reason. Dr. Watson (*Lectures on the Principles and Practice of Medicine*, vol. i, p. 716) expresses his opinion, which is endorsed by Dr. Chambers, that the condition, in one case at least under their observation, of temporary loss of muscular power, without loss of consciousness, was dependent upon a diseased state of the blood-vessels of the brain.

The late Professor Schröder van der Kolk demonstrated beyond all question that in epilepsy the capillaries of the medulla oblongata become dilated—a fact which every one can observe, either upon the human subject, or upon animals the subjects of induced epilepsy. Trousseau advanced the idea that the condition of the brain in epilepsy was that of anæmia; which opinion was not only afterwards reduced to absolute demonstration by himself, but has been shown to be true by the beautiful experiments of Dr. Brown-Séquard.

The many experiments performed by myself on animals confirm, in my mind, the same facts. The brains—particularly the surfaces of the hemispheres—of guinea-pigs and rabbits, which have died during convulsions, I have found on examination almost absolutely anæmic.

These observations I have mentioned in order to lead up to the absolute pathological fact of which I am about to speak—viz., the identity of the condition of catalepsy with that of epilepsy.

The exception taken to this idea, no doubt, will be the assumption that catalepsy is “loss of voluntary power over the muscles, without loss of consciousness;” while the pathognomonic symptom of epilepsy is “loss of consciousness,” with or without loss of voluntary power over the muscles. The distinction, however, will not bear the test of close scrutiny and comparison; and it is impossible to draw a line of demarcation, when we consider the wide extension of the generic term epilepsy. The absolute duration of loss of consciousness in *le petit mal* is often only momentary, and yet the condition is unquestionably epileptic. A patient with *le haut mal* not long since under my care, violent in the extreme, was only unconscious during the first few moments of the seizure, and was able to repeat accurately conversation that had occurred during the whole time she was in the state of clonic spasm. While reviewing the cases of so-called partial catalepsy that I have had the opportunity of observing at Guy’s Hospital and in private, although all the patients have been able to relate circumstances that have occurred during their paroxysms, yet I have never yet seen one in which there was not some amount of loss of consciousness. The patients may remember the invasion of the attack, and be conscious of what passes during the period of recovery; but I am convinced that there is a stage in which the mental faculties are altogether in abeyance, and during which time consciousness is absent.

The loss or retention of muscular control hardly need enter into our consideration at this point; as, in epilepsy proper, there may or may not be any appreciable disturbance of the muscular function.

In the instance of one case of catalepsy that has for several years been under my observation, although, after the attack, the patient is able to speak of almost every subject that has occurred during the seizure, which is marked with great rigidity, yet she has never been able to remember all the occurrences of the invasion of the fit. This lady has a daughter who is the subject of *le haut mal*.

The most instructive and confirmatory instances indicative of the identity of the conditions of catalepsy and epilepsy, or rather, perhaps, showing catalepsy to be a specific manifestation to be classed under the generic head of epilepsy, are to be found in those almost perfect cases such as the one detailed by Drs. Sutherland and Gooch, and narrated by Dr. Watson. The close correspondence between the more perfect cases of catalepsy and *le petit mal*, especially the maniacal excitement which is sometimes attendant upon both forms of nervous affection, seems to render the essential condition and pathognomonic sign—the

loss of consciousness—merely a question of degree, which may be greater or less in either the one or the other; while the loss of muscular control, so far as it may be taken to be a phenomenon of value, would certainly preponderate towards the epileptic viewing of catalepsy. A very striking case was in April last admitted into St. Luke's Hospital. The evidence afforded by her certificates pointed towards mania as her special mental condition; and she spoke of a delusion under which she was labouring—viz., an operation which she believed had been performed on her while she was under the influence of chloroform. She then complained that chloroform was often administered to her, and that she thereby often became insensible. On the day after her admission, while passing from the airing-court to her ward, she sat down on the staircase; and, when I spoke to her, I found she was unable to answer me. On trying to move her, I found that she was as rigid as *rigor mortis*; and she was as blanched as death. She very soon recovered, and was able to walk to her ward; and, on being questioned, she said that chloroform had been given to her. For several days she had, at variable times, a similar attack—each being preceded by maniacal excitement, and followed by violence; the intervals being more or less lucid, and often occupied with needlework, or in music and singing, which she was able to execute with both ability and taste. The attacks continued of daily occurrence for a fortnight, and they disappeared for three days; she then became again maniacal, and remained so for hours; after which she had a seizure, which was followed by a secondary period of excitement; and she again complained that chloroform had been given to her. This attack was succeeded by an intermission of three days, and then by another outbreak. About an hour afterwards, she became deathly pale; and I ordered her to bed. It was, however, only possible to place her on her bed; for she was insensible immediately she reached her room; and, on attempting to move her, I found that she was as fixed as a rigid rod. I then placed her arms and hands in various positions, in all of which they were retained as though fixed; but it was necessary to hold them in their position for a few moments, in order to allow the muscles to become set. I then pricked her two or three times with a pin, from which she did not in the least shrink. She was throughout as pale as an ordinary epileptic; and on recovery, in about thirty minutes, was again violent and maniacal. After recovery, she told me that she remembered being on her bed, but did not remember how she came there. She remembered my being in the room, that I had pricked her with a pin, and that I had spoken of her fit as being cataleptic; but said that she had never been subject to either catalepsy or epilepsy. Similar attacks recurred three or four times, each becoming less marked in their physical manifestation, and at longer intervals. After each, however, her mind became increasingly obfuscated; and, although the fits have disappeared entirely since the 1st of June, she is more or less imbecile.

This almost perfect case furnishes us with additional evidence; and

from the comparison of the facts we have adduced regarding catalepsy with those established regarding epilepsy, I think we may fairly draw the following conclusions.

1. Although we cannot positively assert what the proximate cause of either condition is, yet it is incontrovertible that anæmia of the cerebral lobes is the first attendant phenomenon of epilepsy; and all observation leads to the same opinion as regards catalepsy.

2. Loss of consciousness, the immediate result of cerebral anæmia, occurs equally in catalepsy as in epilepsy, though it may be as fleeting in the former as in some forms of the latter, as exemplified in *le petit mal*.

3. The mental disturbance in either epilepsy or catalepsy is identical, and results from the same cause—viz., the anæmia and consequent malnutrition of the cerebral lobes; while its termination—dementia—is likely to be the same in either case.

The evidences afforded are strong, and I think sufficiently so to warrant the opinion that catalepsy, instead of being a special and distinct form of nervous disorder, is to be considered as a specific form of epilepsy, and to be regarded as epilepsy, in the same manner as *le petit mal* is considered epilepsy, and a result of the same proximate cause; the difference in the muscular manifestation bearing comparison with any other specific form of epilepsy, and occurring in consequence of one or other, but as yet unknown, particular cerebral centre becoming more or less implicated in the disturbance.